| 1, | , understand, acknowledge and agree that I am |
|---|---|
| Printed Name | |
| employment I have had or may have with temporary employee do not infer or imply at the City of Albuquerque. I also understa employment and may be terminated at the v is not required to give a reason for terminat | the City of Albuquerque and that any other terms of the City of Albuquerque as a student, seasonal of my permanent status or employment relationship with and agree that I have no property right in my will of the City for any or no cause, and that the City ion. As a seasonal employee, I understand I am no d am not entitled to any of the rights and benefits of notitled. |
| I further understand and agree that my term | of service as a seasonal employee may be for up to |
| maximum of nine (9) months, either served but will not exceed twelve (12) months from | I consecutively or over a twelve (12) month period in my effective date of hire. I understand that I may ons as defined above and that my exceeding this |
| | |
| | |
| | - |
| Applicant Signature | Today's Date |
| APPLICANTS UNDE | R THE AGE OF EIGHTEEN |
| I,, as the p | parent or guardian of, Printed Name of Applicant |
| | |
| • | understand, acknowledge and agree that the above |
| 11 0 | sonal employee for the City of Albuquerque and tha |
| 1 2 | had or may have with the City of Albuquerque as a do not infer or imply any permanent status o |
| 1 1 1 | lbuquerque. I also understand and agree that he/sho |
| - · | and may be terminated at the will of the City for any |
| | red to give a reason for termination. As a seasona |
| | accrue sick or vacation leave and am not entitled to |
| any of the rights and benefits of employment | |

I further understand and agree that his/her term of service as a seasonal employee may be for up to a maximum of nine (9) months, either served consecutively or over a twelve (12) month period, but will not exceed twelve (12) months from his/her effective date of hire. I understand

| exceeding this limitation will subject him/her to imr | |
|---|--------------|
| | |
| Signature of Parent or Guardian | Today's date |
| Address | Phone Number |